| NO RESPONSE FOR REASONS CHECKED |   |      |                            |      |   |
|---------------------------------|---|------|----------------------------|------|---|
|                                 | CANNOT  | CC   | MPLY WITH SPECIFICATIONS   |      | CANNOT MEET DELIVERY REQUIREMENT                                |
|                                 | UNABLE  | то   | IDENTIFY THE ITEM(S)       |      | DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED |
|                                 | OTHER   | (Spe | cify)                      |      |   |
|                                 | WE DO NOT, DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF ITEMS INVOLVED |      |                            |      |   |
| NAMI                            | E AND ADDF  | RESS | OF FIRM (Include Zip Code) | SIGN | ATURE   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            | TYPE | E OR PRINT NAME AND TITLE OF SIGNER                             |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
| F                               | ROM:  |      |                            |      | AFFIX   |
|                                 |   |      |                            |      | STAMP<br>HERE   |
|                                 |   |      |                            |      |   |
|                                 |   |      | TO                         |      |   |
|                                 |   |      | TO:                        |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
|                                 |   |      |                            |      |   |
| s                               | OLICITAT  | ΠΟΝ  | I NO                       |      |   |
|                                 | ATE AND   | LO   | CAL TIME                   |      |   |
| L                               |   |      |                            |      | STANDARD FORM 1447 (REV. 5/2011) BAC                            |